

1293

One number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH

County of Gila  
District of Globe  
Town of \_\_\_\_\_  
or Globe  
City of \_\_\_\_\_

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS **120** State Index No. **841**  
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 147  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD James Ray Whalley } Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child Male Twin, Triplet or other - and { Number in order of birth - Legitimate? Yes Date of Birth June 10 1915  
(Month) (Day) (Yr.)

FATHER  
Full Name Robert John Whalley  
Residence Gilson's Dairy  
Color or Race White Age at last Birthday 24 (Years)  
Birthplace Sos Angeles, Calif  
Occupation Miner

MOTHER  
Full Maiden Name Andie Gilson  
Residence Same  
Color or Race White Age at last Birthday 22 (Years)  
Birthplace Phoenix, Arizona  
Occupation Housewife

Number of child of this mother 2 Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of above child; and that it occurred on June 10 1915, at 6 P M.  
{ \*When there is no attending physician or midwife, then the householder should make this return. (Signature) C. J. Sturgeon  
(Attending physician, midwife, householder\*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_ Address \_\_\_\_\_

Filed June 15 1915 B. G. Fox LOCAL REGISTRAR.  
Filed July 5 1915 B. G. Fox COUNTY REGISTRAR.  
True Copy

COUNTY REGISTRAR.